

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL
P. O. BOX 27491
RICHMOND, VIRGINIA 23261

QUARTER ENDING:
_____, 20 ____

CARRIER'S ALTERNATIVE MIXED BEVERAGE TAX RETURN
(Section 4.1-221, Virginia Code)

(Submit in triplicate on
or before Oct. 30,
Jan 30, April 30 and
July 30.)

REPORTING CARRIER

VIRGINIA LICENSE NUMBER

Mixed Beverages-No. _____

* * * * *

1. R. P. M.* of system for quarter (As reported to D. O. T. or I C. C.) : _____
2. R. P. M. allocable to Virginia for quarter : _____
3. Proportionate percentage of R. P. M. allocable to Virginia (Item 2 \div Item 1): _____ %
4. Alcoholic beverage purchases for system for quarter (State gallonage if
actual number of "minatures" purchased unavailable) : _____
5. Alcoholic beverages purchases allocable to Virginia (Item 4. X Item 3.) . . . : _____
6. Carrier's estimate of average number of drinks consumed in Virginia during
quarter (Assume 1.7 oz. per drink) : _____
7. Carrier's estimate of tax due Commonwealth (Item 6. X \$. 10) (Do not make
remittance with this report) : \$ _____

*R. P. M. - Revenue passenger miles

* * * * *

I declare under the penalties provided by law that the above information is true and correct
according to the best of my knowledge and belief:

(FOR A. B. C. DEPT. USE ONLY)

Average number drinks fixed by Board _____

Tax calculated by Board : \$ _____

(Remit within 5 days to "Department of Alcoholic
Beverage Control")

Virginia Alcoholic Beverage Control Board

(TITLE)

DATE: _____, 20 ____.

(Person Preparing Return)

(Title)

DATE: _____, 20 ____